and format of examinations. They also highlighted issues with travel when courses were held far away from their base.

Respondents suggested improvements could be made by having a set curriculum and structure, addition of simulation-based learning, more CASC teaching and incorporating lived experience into the sessions. They preferred to be informed of the topic in advance so they could engage in pre-learning activities. They suggested that co-production of the course with themselves and relevant stakeholders would result in a higher quality and more useful course.

79% of respondents reported that they get protected time for attending the course, with 17% maybe and 4% no. Common issues cited were on-call requirements and people working on inpatient wards finding it difficult to leave due to higher demands.

Respondents identified using online paid-for resources and question banks, reading textbooks and guidelines, small group practice and attending conferences as supplementary activities to support their learning.

Conclusion: The MRCPsych course is well-received and appreciated by resident doctors, however there were some suggestions about how it could be improved. A more standardised approach could be helpful to ensure equitable access to high quality courses across the UK.

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Improving Clinical Knowledge and Confidence Through a Structured Teaching Programme in Old Age Psychiatry

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Aims: To design, deliver, and evaluate a structured six-month teaching programme for resident doctors and multidisciplinary team (MDT) members within an Old Age Psychiatry service. The objective is to improve clinical knowledge and confidence in key areas of psychiatric care in older adults.

Methods: Teaching topics were selected following consultation with senior clinicians and MDT colleagues to ensure clinical relevance. A monthly teaching programme was then implemented in theOld Agepsychiatry department at Birch Hill Hospital between August 2025 and January 2026, aimed at resident doctors hospital-wide and departmental MDT colleagues. Sessions covered physical health investigations in psychiatry, psychosis in older adults, antipsychotics and metabolic side effects, depression in older adults, clinical cases of rarer dementias, and management of alcohol misuse and insomnia. Structured feedback was collected after each session including Likertscale ratings assessing relevance, usefulness and tutor knowledge, as well as self-rated confidence before and after sessions. Free-text responses were analysed qualitatively using thematic analysis. Numerical data were analysed quantitatively to calculate mean scores, mean differences, and paired t-test statistics in the case of self-rated confidence.

Results: From the 49 feedback survey responses, the programme was highly rated across all domains. Likert scale mean scores (where 1=lowest e.g. not very relevant, 5=highest e.g. very relevant) showed 4.90 for relevance, 4.83 for usefulness, and 4.86 for tutor understanding. Self-rated confidence increased from a mean of 3.39 pre-teaching session to a mean of 4.55 post-teaching session, where there was a statistically significant difference ($p<0.001$) with a large effect size ($d=1.07$). Qualitatively, thematic analysis identified overarching themes including high clinical relevance, improved understanding of clinical presentations, greater knowledge of pharmacology and medications, appreciation of clear and structured teaching, and the value of group engagement for team cohesiveness.

Conclusion: This six-month structured teaching programme improved knowledge and confidence on a variety of clinical topics among resident doctors and MDT colleagues inOldAgepsychiatry. Qualitative themes highlighted that the programme was very well received and also showed the value of group discussion in teaching for team building, demonstrating broader benefits of such educational interventions. This teaching programme model should be replicated across other services and extended within this department to encourage the development of highly knowledgeable and confident clinicians.

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From Observation to Action: Improving Staff Confidence in Identifying and Escalating Physical Health Deterioration in an Older Adult Mental Health service

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Aims: People with severe mental health problems are affected by disparities in physical health outcomes compared to the general population. The risk of physical deterioration increases as patients grow older and comorbidities accumulate. This risk is particularly relevant in the population affected by functional and cognitive psychiatric disorders, where patients' ability to detect and report symptoms can be impaired. This places a key responsibility on staff in older adult mental health services, who are well positioned to identify deterioration through routine physical health monitoring. However, confidence gaps exist amongst multidisciplinary team members in the recognition and escalation of physical health deterioration. To address this, the physical health teaching programme was implemented.

Hypothesis: The teaching programme will result in an improvement in the perceived confidence of staff in identifying physical health deterioration and escalating concerns.

Methods: Weekly teaching sessions were conducted in an older adult mental health service over a period of three months. All members of the multidisciplinary team across both inpatient and community settings were invited to participate. Teaching was delivered using posters and interactive worksheets, covering topics such as vital signs, fluid intake, bowel output monitoring and delirium. Pre- and post-teaching questionnaires were designed to evaluate confidence levels using a Likert scale and knowledge was assessed via multiple-choice questions.

Results: Results were analysed from 17 participants who completed both pre- and post-teaching questionnaires. The first two teaching sessions focused on vital signs and fluid intake. Preliminary findings demonstrated an overall improvement in staff confidence. However, pre-teaching knowledge scores were high for these topics and minimal improvement was seen on repeating the multiple-choice questions. These findings demonstrate the feasibility of a targeted physical health teaching programme.

Conclusion: A physical health teaching programme can improve staff confidence in identifying and escalating physical health deterioration in an older adult mental health service.

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